MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11667

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Bond (Last) Boyle

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 13, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Washington W. Davis

14. MOTHER'S MAIDEN NAME: Nellie Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Richard T. Boyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Hepatitis — 6 months

447

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Hypertension & Arterio-Sclerosis — 5 yrs.

124.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949 to Dec 13, 1949 that I last saw the deceased alive on Dec 13, 1949 and that death occurred at 5-20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Benson, M. D. Port Deposit Md 12-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 16, 1949

NAME OF CEMETERY OR CREMATORY: Hopewell

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Dec. 16, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: L. A. Patterson & Son. Perryville, Md.

VS. A15

RECEIVED
DEC 17 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11668

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 268 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md; STREET ADDRESS 268 W. Main St (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) L. (Last) CLAY

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 31 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Lewis

14. MOTHER'S MAIDEN NAME: Mary Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Thomas Biddle Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Occlusion | 15 min |
| Antecedent cause(s) 420.1 93d | (b) Hypertension & cardiovascular | Unknown |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Arteriosclerosis | Unknown |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Nov, 19 49, to 30 Dec, 19 49, that I last saw the deceased alive on 30 Dec, 19 49, and that death occurred at 8:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George J Kreis, Jr, M.D Elkton, Md. 12-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Jan 3/50; NAME OF CEMETERY OR CREMATORY: Elkton; LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG.: Jan 3; REGISTRAR'S SIGNATURE: E K Frazer

24. FUNERAL DIRECTOR: H W Tippin; ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11669

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 902 N. Quincy Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| GARRETT | J. | FITZGERALD | Dec. | 13, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | Widower | 12-25-1892 | 56 yrs. | 11 | 18 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Postal Clerk | | Washington, D.C. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Fitzgerald - deceased | Maggie Kane - deceased |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | WW-I | Unknown | Hospital records |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia, right — 4 days

Antecedent cause(s)

490
108
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| -- | -- | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| -- | | -- | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| -- | | | m. | | -- |

22. I hereby certify that I VA attended the deceased from Dec. 7, 1949, to Dec. 13, 1949, ~~that I last saw the deceased~~ ~~[illegible]~~, and that death occurred at 7:35 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 12-14-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 12-15-49 | Arlington National Cemetery | Ft. Myer, Va. | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 15, 1949 | Irma E. Dougherty | Pennington & Son | PENNINGTON & SON, Havre de Grace, Md. |

RECEIVED
DEC 17 1949
BUREAU V. S.

11670

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md. Rural RD4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Herbert (Last) Gamble
4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 49
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/12/1884
9. AGE last birthday 65 yrs. If under 1 year Months 10 Days 8 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired Secretary
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Wiilliam R. Gamble
14. MOTHER'S MAIDEN NAME Lavina Benjamin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rachal W. Gamble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Sclerosis

(c)

345
87d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1949, to 12-17, 1949, that I last saw the deceased alive on 12-17, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 10/20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/23/49
NAME OF CEMETERY OR CREMATORY Friend's Burying Ground
LOCATION (City, town, or county) Near Rising Sun, Md. (State)
DATE REC'D BY LOCAL REG. 12/21/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1949
BUREAU V. S.

Evidence for addition of [illegible] shown on:

FILM No. G 123 JAN 6 1950

11671

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Garnett

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 12-28-49 | 9. AGE last birthday: yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Elkton Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Garnett | 14. MOTHER'S MAIDEN NAME: Mary V. Rodgerway.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Mary Garnett

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature 7 months gestation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

776

159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1949, to 12-28, 1949, that I last saw the deceased alive on 12-28, 1949, and that death occurred at 5 p. m., from the causes and on the date stated above.

SIGNATURE: W. E. Dodson (Degree or title) MD — ADDRESS: Rising Sun Md. — DATE SIGNED: 12/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: Dec 29 1949 | NAME OF CEMETERY OR CREMATORY: Manor | LOCATION (City, town, or county) (State): near C Chesapeake City Md

DATE REC'D BY LOCAL REG.: Dec 29 | REGISTRAR'S SIGNATURE: H R Frazier | 24. FUNERAL DIRECTOR: H. W. Pippin ADDRESS: Elkton Md

RECEIVED
JAN 2 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

11672

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 200 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Linda Ann Gasser

4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1949 19

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Aug. 27, 1946

9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Mabel Gasser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Alfred. Hurtt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Second & third degree

917.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) scald of body.

181

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Warwick (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 24 49 4:35 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell in tub of scaling water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 12/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 28, 1949

NAME OF CEMETERY OR CREMATORY Ceilton Cemetery

LOCATION (City, town, or county) Ceilton (State) Md

DATE REC'D BY LOCAL REG. Dec. 26, 1949

REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows, ADDRESS Millington, Md

F. R. Frazer

RECEIVED
DEC 30 1949
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 123 JAN 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11673

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge, Naval Base
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liberty Grove
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Clarence (Last) Gillespie

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 2-5-~~1887~~ 1877

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (State or foreign country) Liberty Grove, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hira, Gillespie

14. MOTHER'S MAIDEN NAME Sarah Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Blanche Gillespie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombus

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ateriosclerozsis

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) M.D. ADDRESS Risimg Sun, Md. DATE SIGNED 12-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec 31, 1949

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county) (State) Colora, Cecil, Md.

DATE REC'D BY LOCAL REG. Dec 31-49

REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 2 1950
BUREAU V. S.

11674

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Cecil MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 2 mos. 18 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration | STREET ADDRESS (If rural, give location) 742 Chestnut Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) PAUL | (Middle) D. | (Last) HANNA | 4. DATE OF DEATH | (Month) Dec. | (Day) 21, | (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 8-16-1897 | 9. AGE last birthday 52 yrs. | If under 1 year Months 4 | Days 5 | If under 24 hrs. Hours / Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cherry Hill, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Daniel Hanna - deceased | | 14. MOTHER'S MAIDEN NAME Mahila Davis - deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) WW-I | 16. SOCIAL SECURITY NO. 154-05-0726 | 17. INFORMANT AND ADDRESS Hospital Records | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Generalized carcinomatosis | 6 months |
| 162 Antecedent cause(s) | due to | |
| 47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma, bronchogenic | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION -- | 19b. MAJOR FINDINGS OF OPERATION -- | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) - | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- | (CITY OR TOWN) -- (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) -- m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? -- |

22. I hereby certify that ~~I~~ VA attended the deceased from Oct. 3, 1949, to Dec. 21, 1949 ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 7:50 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services VAH, Perry Point, Md. Dec. 21, 1949

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE 12-21-49 | NAME OF CEMETERY OR CREMATORY Gulf Christian Cemetery - | LOCATION (City, town, or county) (State) Conshohocken, Pa. |
| DATE REC'D BY LOCAL REG. Dec. 21, 1949 | REGISTRAR'S SIGNATURE Irene E. Daugherty | 24. FUNERAL DIRECTOR Pennington & Son | ADDRESS |

PENNINGTON & SON, HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
DEC 24 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11675

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: CECIL · STATE: MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT · LENGTH OF STAY (in this place): 5 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration | STREET ADDRESS (If rural, give location): 4214 Willshire Ave. |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | EDWARD | J. | HUGHES | | Dec. | 8, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | Widower | 12-10-1905 | 43 yrs. | 11 | 28 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Bartender | | Baltimore, Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Edward J. Hughes - deceased | Anna Hetterich - deceased |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes WW-II | 215-03-6788 | Hospital records |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cirrhosis of the liver | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

581.0

124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| -- | -- | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| -- | | -- | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| -- | | | m. | | -- |

22. I hereby certify that I VA attended the deceased from Dec. 3, 1949, to Dec. 8, 1949, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 5:25 AM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. E. Trollinger | A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, | Perry Point, Md. | 12-8-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 12-8-49 | Mt. Carmel Cemetery | Baltimore, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 8, 1949 | Irene E. Daugherty | John Ullrich | ULLRICH FUNERAL HOME, 2004-08 Orleans St., Baltimore, Md. |

VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11676

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Elkton
STREET ADDRESS (If rural, give location): Elkton RD 1, Md

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mattie | Nicholas | Kongos | Dec | 18 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | Wh. | Married | Dec 17 1883 | 66 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Steel Worker | Steel | Finland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| No Info. | No Info. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Mattie Kongos Jr Elkton Md |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Myocarditis | 2 weeks |
| 422.2 Antecedent cause(s) | (b) Acute myocardial failure | 4 days |
| 93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec 14, 1949 to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949 and that death occurred at 9:25 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H. Ross MD | | Chesapeake City Md | 12/19/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec 22/49 | Gilpin Memorial Park | Elkton Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 22 | E R Frazer | H. W. Pippen | Elkton, Md |

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11677

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Perryville
LENGTH OF STAY (in this place): 37yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Kelly

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 23, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Federal Govt.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Anna Kelly, Perryville, Md. RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 8yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10, 1949, to Dec. 2, 1949, that I last saw the deceased alive on Dec. 2, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. A. Benson, M.D. ADDRESS: Port Deposit, Md DATE SIGNED: 12/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 5, 1949

NAME OF CEMETERY OR CREMATORY: St Mark's Cemetery

LOCATION (City, town, or county) (State): Perryville, RD. Md.

DATE REC'D BY LOCAL REG.: Dec. 5, 1949

REGISTRAR'S SIGNATURE: Irvin E. Daugherty

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

VS-A15

RECEIVED
DEC 7 1949
BUREAU V. S.

11678

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3y. 6m. 16d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) THURL (Middle) (NMI) (Last) KENDALL
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-7-10
9. AGE last birthday: 39 yrs. If under 1 year: Months 3 Days 26 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jerry D. Kendall
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490 **Immediate cause** (a) Lobar pneumonia, left & right lower lobes — Unknown

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Paranoid Type — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R. L. Dodson M.D. (Degree or title) ADDRESS: R. L. DODSON, M.D., D.M.E., Rising Sun, Maryland DATE SIGNED: December 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 12-3-49 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: Dec. 3, 1949 | REGISTRAR'S SIGNATURE: Irene S. Dunphy | 24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15A

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11679

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) Dogwood Rd.

3. NAME OF DECEASED (Type or Print): (First) HAROLD; (Middle) ~~Lloyd~~ KIEBLER; (Last) Kiebler

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sep. 3 1949

9. AGE last birthday: yrs. If under 1 year: Months 3; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Kiebler

14. MOTHER'S MAIDEN NAME: Edith Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: David Kiebler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute intestinal obstruction — Interval Between Onset and Death: 3 days

Antecedent cause(s) 5708 122b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Volvulus — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 19, 1949

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction - abt 12 inches of small bowel gangrenous

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1949, to Dec 19, 1949, that I last saw the deceased alive on Dec 19, 1949, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Randolph Andrews Jr. M.D. Elkton Maryland Dec. 21 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Dec 22/49 — NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem. Pk — LOCATION (City, town, or county) (State) Elkton, Md

DATE REC'D BY LOCAL REG. Dec 22 — REGISTRAR'S SIGNATURE E R Frazer

24. FUNERAL DIRECTOR A. W. Lippincott — ADDRESS Elkton, Md

RECEIVED
DEC 27 1949
BUREAU V. S.

11680

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs, Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Andrew (Last) Krajewski
4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Single | 2-11-32 | 17 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seminary Student
10b. KIND OF BUSINESS OR INDUSTRY: Preisthood
11. BIRTHPLACE (State or foreign country): Philadelphia. Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Krajewski
14. MOTHER'S MAIDEN NAME: Anastasia M. Perisosky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rev. John Conmy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound depressed fracture of ~~left~~ Right temporal bone

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) laceration ~~left~~ Right side of face

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Route 545 (CITY OR TOWN) Elkton, Rural (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 11 (Year) 49 (Hour) P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Was hit by automobile walking on road.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Allbockon (Degree or title) M.D. ADDRESS Rising Sun, Md. DATE SIGNED 12-11-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | Dec 12/49 | Wilmington | D Wilm. | Del |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 12 | F R Frazer | H W Lyons | Elkton Md |

VS. A15A

RECEIVED
DEC 15 1949
BUREAU V. S.

11681

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 1 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital, Elkton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Elkton
STREET ADDRESS (If rural, give location) 7 Frenchtown Manor

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) VIRGINIA (Last) MARTIN
4. DATE OF DEATH (Month) DEC. (Day) 10 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH ~~UNKNOWN~~ about 1879
9. AGE last birthday ABOUT 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ABNER STAUFFER
14. MOTHER'S MAIDEN NAME MARY KEIM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MR. W. R. MARTIN 12th and SPRING STS. READING, PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) CONGESTIVE HEART FAILURE — 3 DAYS

93d Antecedent cause(s) (b) HYPERTENSIVE CARDIO VASCULAR DISEASE — UNKNOWN

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHOPNEUMONIA — 2 DAYS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 2, 1949, to DEC. 10, 1949, that I last saw the deceased alive on DEC. 10, 1949 and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Elkton, Maryland DATE SIGNED Dec. 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE Dec 10/49 NAME OF CEMETERY OR CREMATORY Reading LOCATION (City, town, or county) Reading Pa. (State)

DATE REC'D BY LOCAL REG. 12/10/49 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11682

# CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, RD | LENGTH OF STAY (If this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) Upper Principio

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Lavenia (Last) Maxwell

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 27, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 24, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James H. Maxwell

14. MOTHER'S MAIDEN NAME: Lydia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Letitia Maxwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 4 da.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) General atheromata — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 6 1948 | 19b. MAJOR FINDINGS OF OPERATION: Mid thigh amputation (atheroma vessels) | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6th, 1948, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 26, 1949, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Magraw, M.D. — ADDRESS Perryville Md — DATE SIGNED Dec. 28 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-30-1949 | NAME OF CEMETERY OR CREMATORY West Nottingham | LOCATION (City, town, or county) (State) Colora, Md. Rural

DATE REC'D BY LOCAL REG. Dec. 30, 1949 | REGISTRAR'S SIGNATURE Irene E. Daugherty | 24. FUNERAL DIRECTOR AND ADDRESS Lee A. Patterson & Son. Perryville, Md.

VS. A15

RECEIVED
JAN 2 1950
BUREAU V. S.

11683

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 5yrs7mos27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 10 Hill Street,

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) CYRUS (Last) NASON

4. DATE OF DEATH (Month) December (Day) 31 (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 8-29-76

9. AGE last birthday 73 yrs. If under 1 year: Months 4, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ANNAPOLIS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) SAW

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT AND ADDRESS Hospital Records VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) PNEUMONIA, BRONCHIAL, Left | 4 Days |
| 420.0 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROTIC HEART DISEASE | Unknown |
| | (c) ARTERIOSCLEROSIS, Generalized | Unknown |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) (COUNTY) (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) m. --
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from 5/3/, 1943, to 12/31/, 1949, ~~that I last saw the deceased~~ ~~above on~~ and that death occurred at 3:40 PM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) E.P. BRANNON, M.D., CHIEF, PROFESSIONAL SERVICES
ADDRESS VA HOSPITAL, PERRY POINT, MD.
DATE SIGNED 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 1-5-50
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) BALTIMORE, (State) MD.

DATE REC'D BY LOCAL REG. Jan. 5, 1950
REGISTRAR'S SIGNATURE Irene E. Daughaday
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, HAVRE DE GRACE, MD.

M

I

VS. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11684

## CERTIFICATE OF DEATH

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County: Cecil
City or town: Elk Mills (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 mo
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elk Mills (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Andy Philhower

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Widower |

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Apr 26 1876

8. AGE: Years: 73 | Months: 2 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Peterburg Morris Co N.J. (Town, county, and state)

10. Usual occupation: Steel worker

11. Industry or business:

FATHER
12. Name: Theodore Philhower
13. Birthplace: New Jersey

MOTHER
14. Maiden name: Malesia Waters
15. Birthplace: New Jersey

16. Informant: Charles Philhower
Address: Elk Mills Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 4-50 (month) (day) (year)
Cemetery or crematory: White Clay Creek
Location: Newark Del R.D.
18. Funeral director: R. T. Jones
Address: Newark, Del

19. Jan 7 1950 (Date rec'd by registrar) F R Frazer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31 19 49 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 10 19 49 to Dec 31 19 49 and that I last saw h alive on December 29 19 49

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of Lungs | 2 mo. |
| Due to Carcinoma of prostate | 2 mo. |
| Due to | |
| Other conditions | |

163
492 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James L. Johnson M.D. M. D. or other
Address: Elkton, Md. Date signed 12/31/49

RECEIVED
JAN 4 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11685

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maine COUNTY Androscoggin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewiston
STREET ADDRESS (If rural, give location) 80½ Bradley Street

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) A. (Last) POULIN
4. DATE OF DEATH (Month) Dec. (Day) 2, (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-29-1893
9. AGE last birthday 56 yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Augusta, Maine
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 004-12-0328
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Edema, pulmonary, massive | 36 Hrs. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary sclerosis | Unk. |
| | (c) Arteriosclerosis, generalized | Unk. |

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-30-49
19b. MAJOR FINDINGS OF OPERATION Resection of duodenal diverticulum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I/VA attended the deceased from Nov. 15, 1949, to Dec. 2, 1949, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 1:45 PM m., from the causes and on the date stated above.

SIGNATURE WILLIE D. OPPLER (Degree or title) Acting M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 12-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Dec. 3, 1949
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State) Lewiston, Maine

DATE REC'D BY LOCAL REG. Dec. 3, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
DEC 6 1949
BUREAU V. S.

11686

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL ELKTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EARLEVILLE (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) VERSIE (Middle) W. (Last) ROBINSON
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1915
9. AGE last birthday 34 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK
11. BIRTHPLACE (State or foreign country) TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME RICHARD NORRIS
14. MOTHER'S MAIDEN NAME VIRGIE MOORELY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE.
17. INFORMANT AND ADDRESS Wensal Robinson Earleville R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) ABNORMAL CHILDBIRTH | 8 hours |
| 677 Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) RUPTURED UTERUS | 5 hours |
| 149a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-15-49
19b. MAJOR FINDINGS OF OPERATION RIGHT SIDE OF UTERUS RUPTURED INTO BROAD LIGAMENT
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1949, to Dec 15, 1949, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 1:25 PM m., from the causes and on the date stated above.

SIGNATURE Henry N Davis (Degree or title) MD. ADDRESS Chesapeake City DATE SIGNED 12/16/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 12-17-49.
NAME OF CEMETERY OR CREMATORY LONGWOOD CEMETERY
LOCATION (City, town, or county) CHESTER COUNTY (State) PA.
DATE REC'D BY LOCAL REG. 12/16/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11687

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Perry Point, Cecil, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 23 yrs. 2 mos. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Italy; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| FEMIA | - | ROCCO | Dec. | 20, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | white | Married | 10-17-1886 | 63 yrs. | 2 | 3 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Unknown | | Italy | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | WW-I | None | Hospital Records |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Aneurysm, abdominal aorta, rupture of | approx. |
| Antecedent cause(s) | due to | 1 year |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, generalized | |
| | (c) | |

4500
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| -- | | -- | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| -- | | | m. | | -- |

22. I hereby certify that I attended the deceased from Sept. 25, 1926, to 12-20, 1949, that I last saw the deceased alive on ..., and that death occurred at 2:05 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS — DATE SIGNED 12-23-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 12-23-49 | Baltimore National Cemetery, | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 23, 1949 | Irene E. Daugherty | Pennington & Son | PENNINGTON & SON, Havre de Grace, Md. |

RECEIVED
DEC 27 1949
BUREAU V. S.

11688

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CECIL; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WASHINGTON, DC; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, DC.
STREET ADDRESS (If rural, give location): 216 -17th St., N.W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| RICHARD | F. | SCHUSTER | December | 3, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | SINGLE | 10/3/08 | 41 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| SHIPPING CLERK | | GERMANY | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| UNKNOWN | UNKNOWN |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | WW-II | UNKNOWN | HOSPITAL RECORDS, VAH., PERRY POINT, MD. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | CIRRHOSIS OF LIVER | UNKNOWN |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | BRONCHIAL PNEUMONIA, rt. | 48 Hours |
| (c) | | |

581.0
124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I VA attended the deceased from Nov. 25, 1949, to Dec. 3, 1949, ~~that I last saw the deceased alive on~~ 19, and that death occurred at 1:05 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| A. E. Trollinger, M.D. | Chief Professional Services, VAH, Perry Point, Md. | 12/5/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Dec 7, 1949 | ARLINGTON NATIONAL CEMETERY | FT. MYER, VIRGINIA |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 7, 1949 | Irene E. Dougherty | PENNINGTON & SON | Havre De Grace, Md. |

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11689

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Cecil MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Harford |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 9 y. 2m. 14d. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Magnolia |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital | STREET ADDRESS (If rural, give location): None |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Raymond L. Skillman | | | 4. DATE OF DEATH (Month) (Day) (Year): 12- 10 1949 | | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 9-23-91 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months 2, Days 17; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown | 10b. KIND OF BUSINESS OR INDUSTRY: | | 11. BIRTHPLACE (State or foreign country): Magnolia, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: John Lloyd Skillman | | | 14. MOTHER'S MAIDEN NAME: Blanche Leone Jeffers | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If year, give war or dates of service): WW1 | | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Bronchial pneumonia due to hypertensive cardio-vascular renal disease | 4 days |
| 420.1 Antecedent cause(s) | | |
| 181a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cornoary sclerosis, severe

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐ |

| | | | |
|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) ----- | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | |

22. I hereby certify that ~~I~~ VA attended the deceased from 7-26-, 1940, to 12-10-, 1949, ~~that I last saw the deceased~~ ~~alive on xxxxxxxxxxxxxxxx 19xxx~~ and that death occurred at 8:45 am., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| E. S. Ells, M.D. E. S. ELLS, MD., Actg. Chief, Professional Services, VAH, Perry Point, Md. | | | 12-10-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: 12-10-49 | NAME OF CEMETERY OR CREMATORY: Cokesbury Memorial Cemetery | LOCATION (City, town, or county) (State): Abingdon, Maryland |
| DATE REC'D BY LOCAL REG.: 12-10-49 | REGISTRAR'S SIGNATURE: Irene E. Dougherty | 24. FUNERAL DIRECTOR: Howard K. Mc Comas & Sons, Abingdon, Md. | ADDRESS: Howard K. McComas |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11690

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT, — LENGTH OF STAY (in this place): 7 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE,
STREET ADDRESS (If rural, give location): 2864 RAYNER AVENUE

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) MITCHELL TANEYHILL (Last)

4. DATE OF DEATH: (Month) DECEMBER (Day) 31, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11-15-98

9. AGE last birthday: 51 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meter Reader

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES TANEYHILL, DEC'D.

14. MOTHER'S MAIDEN NAME: ANNA A. BRAGG, DEC'D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS, VA HOSPITAL PERRY POINT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) INTRAMURAL THROMBUS | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) MYOCARDIAL INFARCTION AND FIBROSIS | Unknown |
| | CORONARY SCLEROSIS, SEVERE | Unknown |
| | (c) HYPERTENSIVE CARDIO VASCULAR RENOL DISEASE | Unknown |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | ARTERIOSCLEROSIS, GENERALIZED | Unknown |

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA Attended the deceased from May 31, 19 49, to Dec. 31, 19 49, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 8:40 AM m., from the causes and on the date stated above.

SIGNATURE: Willy Oppler — (Degree or title): Acting Chief, Professional Services, VAH. — ADDRESS: PERRY POINT, MD. — DATE SIGNED: 12-31-49

WILLY OPPLER, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE: 12-31-49 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: Dec. 31 1949 — REGISTRAR'S SIGNATURE: Irma E. Dougherty

24. FUNERAL DIRECTOR: F.B. Wippert per W.R. Wilson — ADDRESS: F.B. WIPPERT & SON, Baltimore & Monroe Sts Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

RECEIVED
JAN 3 1950
BUREAU V. S.

11691

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: CECIL MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: CECIL |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT — LENGTH OF STAY (in this place): 11 Days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL PERRY POINT, MD. | STREET ADDRESS (If rural, give location): 119 Collins Street |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) CHARLES | (Middle) W. | (Last) THOMAS | 4. DATE OF DEATH | (Month) December (Day) 25, (Year) 1949 |
| 5. SEX: MALE | 6. COLOR OR RACE: COLORED | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: March 1, 1891 | 9. AGE last birthday: 58 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: JOSHUA THOMAS | | | 14. MOTHER'S MAIDEN NAME: MARTHA BROWN | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW-I | 16. SOCIAL SECURITY No.: 216 07 2655 | 17. INFORMANT AND ADDRESS: Hospital Record VA Hospital, Perry Point, Md. | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PYO PNEUMO THORAX | 72 Hrs. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) CARCINOMA OF THE ESOPHAGUS | Unknown |
| | (c) | |

150
46a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that VA attended the deceased from Dec. 14, 1949, to Dec. 25, 1949 ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 9:00PM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Willy Oppler WILLY OPPLER MD. | Acting Chief | Professional Services, VAH., Perry Point, Md. | 12-26-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| REMOVAL | 12-26-49 | Providence Methodist Church Cemetery | Bethel St., Elkton, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 26, 1949 | Irene E. Daugherty | Ed R. Bell EDWARD R. BELL, 909 Poplar St., | Wilmington, Delaware |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11692

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Cecil Co. Md. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Penn. COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md. LENGTH OF STAY (in this place) 6 days. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Birdsboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital | STREET ADDRESS (If rural, give location) R. D. # 2. |

3. NAME OF DECEASED (Type or Print) (First) Joseph. (Middle) H. (Last) Tuckey.

4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1949

5. SEX Male.

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 6-19-1899

9. AGE last birthday 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Reading, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harvey C. Tuckey.

14. MOTHER'S MAIDEN NAME Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Union Hospital Records Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Circulatory Failure | 10 hours |
| Antecedent cause(s) | (b) Mesenteric Thrombosis | 10 hours |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Reticular Retro-peritoneal Sarcoma with Generalized Metastases including Spine and Ribs | |

198
46h

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1948

19b. MAJOR FINDINGS OF OPERATION Inoperable Retro-peritoneal Sarcoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1949, to Dec 30, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 5.31 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob L. Engle M.D. - 518 Market St - Oxford Penna 12/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE Dec. 30/49

NAME OF CEMETERY OR CREMATORY Reading.

LOCATION (City, town, or county) Reading (State) Pa

DATE REC'D BY LOCAL REG. Dec 30

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Tippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11693

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, — LENGTH OF STAY (in this place): 4 yrs. 2 mos. 20 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration | STREET ADDRESS (If rural, give location): -- |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | ROBERT | - | VOTTLER | | Dec. | 29, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | Single | Mar. 29, 1862 | 87 yrs. | 9 | 0 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Unknown | | Germany | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | Sp. Amer. | Unknown | Hospital Records |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia, uremic poisoning | Unknown |
| Antecedent cause(s) due to | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic kidney disease | |
| | (c) | |

446
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| -- | -- | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| --- | --- | -- | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| --- | | | m. | | -- |

22. I hereby certify that I VA attended the deceased from Oct. 9, 1945, to Dec. 29, 1949, [illegible], and that death occurred at 2:50 AM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon — (Degree or title): M.D., Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED: Dec. 30, 1949

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Jan. 3, 1950 | Baltimore National Cemetery | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Jan. 3, 1950 | Irma E. Daugherty | Pennington & Son | PENNINGTON & SON, Havre de Grace, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

11694

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton.
LENGTH OF STAY (In this place): 2 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Ward
4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1949
5. SEX: M.
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: April 10, 1879
9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Christopher P. Ward
14. MOTHER'S MAIDEN NAME: Ann E. Roberts.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Emily Alice Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Acute Coronary occlusion | 1 hour |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis | 2 years |
| | | (c) Arterio sclerosis | 5 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1940, to Dec 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 1128 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Md
ADDRESS: Chesapeake City Md
DATE SIGNED: 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial.
DATE: Dec 9/49
NAME OF CEMETERY OR CREMATORY: Cherry Hill
LOCATION (City, town, or county) (State): Cherry Hill, Md

DATE REC'D BY LOCAL REG.: 12/9/49
REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: H W Pippin
ADDRESS: Elkton, Md

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 14 1949
KLAU V. S.

11695

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 0 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 W. High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
STREET ADDRESS (If rural give location) 224 W. High St

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) K. (Last) Wessels.
4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1949
5. SEX F.
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH Apr. 1, 1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Kealsh
14. MOTHER'S MAIDEN NAME Anna Dungan.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mr. Mac Lane Johnston Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Uremia — 2 days

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio renal vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1949, to 12/5, 1949, that I last saw the deceased alive on 12/5, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D ADDRESS Elkton Md DATE SIGNED 12/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 7/49
NAME OF CEMETERY OR CREMATORY Woodland Cemt.
LOCATION (City, town, or county) (State) Phila, Pa.
DATE REC'D BY LOCAL REG. 12/6/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippen Elkton Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

11696

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun Rural — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Theodore (Last) Williams
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 12, 1948
9. AGE last birthday: 1 yrs. — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rising Sun Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward M. Williams
14. MOTHER'S MAIDEN NAME: Kathryn McWilliams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumia left L. Lobe

490 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1949, to 12-15, 1949, that I last saw the deceased alive on 12-15, 1949, and that death occurred at 2.45 P. m., from the causes and on the date stated above.

SIGNATURE: R C Dodson (Degree or title) MD — ADDRESS: Rising Sun Md. — DATE SIGNED: 12-17-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-18-49 — NAME OF CEMETERY OR CREMATORY: Ebenezer — LOCATION (City, town, or county) (State): Rising Sun Rural Md

DATE REC'D BY LOCAL REG.: 12/17/49 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 21 1949
BUREAU V. S.

RECEIVED
DEC 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11697

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Cecil — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Frank | Thomas | Wood | 12 | 26 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Single | 5-21-49 | ~~72~~? yrs. | 7 | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Child | | Elkton, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Wood | Hazel Hunt |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | | William Wood |

### 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Virus Meningitis | |
| 057.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 810 (b) Cold for 10 days | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R L Dodson | M.D. | Rising Sun, Md. | 12-26-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal & Burial | Dec 29, 1949 | Bethany Cem West Jefferson N.C. | West Jefferson N.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 27 | H R Frazier | H W Pippin | Elkton, Md. |

VS. A15A

RECEIVED
DEC 28 1949
BUREAU V. S.

ITEMS 3, 14, 15: letter from informant filmed G122 1-5-50 LL.

11698

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun LENGTH OF STAY (In this place) Tripel
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rising Sun Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monessen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ZYRIL (Middle) CYRIL M. (Last) ZILKA
4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-13-21
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monessen, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Zilka
14. MOTHER'S MAIDEN NAME JULIA FUTEY [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 2 39 mos.
16. SOCIAL SECURITY NO.
17. INFORMANT Clerks Funeral Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) External Hemmorhage.

977

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from Self Inflicted cuts

164d

(c) of femor artery Brachial.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Hotel (CITY OR TOWN) Rising Sun (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 4 (Year) 49 (Hour) a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Cut self with razor blade

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 12-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Dec 8, 1949 NAME OF CEMETERY OR CREMATORY Holy Name Cemetery LOCATION (City, town, or county) Monessen (State) Pa.

DATE REC'D BY LOCAL REG. Dec 6 1949 REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

T

RECEIVED
DEC 6 1949
BUREAU V. S.